## Case 16-35286 Doc 1 Filed 11/04/16 Entered 11/04/16 12:34:01 Desc Main Document Page 1 of 52

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Melissa First name  A. Middle name  Kirylko Last name and Suffix (Sr., Jr., II, III)	-	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4207		

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Debtor 1 Melissa A. Kirylko

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	E	Business name(s)			
		EINs	E	EINs			
5.	Where you live	7240 W 84th St, Unit C	If	f Debtor 2 lives at a different address:			
		Number, Street, City, State & ZIP Code	1	Number, Street, City, State & ZIP Code			
		Cook					
		County	C	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	i	f Debtor 2's mailing address is different from yours, fill it n here. Note that the court will send any notices to this nailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	N	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	(	Check one:			
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Melissa A. Kirylko

ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chapter 7 □ Chapter 11							
		□с	hapter 12						
		□с	hapter 13						
3.	How you will pay the fee		about how yo	u may pay. Typi attorney is subn	ically, if you are paying the fee you	with the clerk's office in your local court for more detaurself, you may pay with cash, cashier's check, or more lf, your attorney may pay with a credit card or check wit	ney		
					<b>callments.</b> If you choose this options (Official Form 103A).	n, sign and attach the Application for Individuals to Pa	ay		
			but is not req applies to you	uired to, waive y ur family size an	our fee, and may do so only if you d you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judge may income is less than 150% of the official poverty line installments). If you choose this option, you must fill of al Form 103B) and file it with your petition.	that		
<b>)</b> .	Have you filed for	■ Ne	•						
	bankruptcy within the last 8 years?								
	iast o years:	<b>ш</b> те	es. District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy	■ No	0						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	es.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District	-	When	Case number, if known			
11.	Do you rent your	□ No	n Go to l	ine 12					
	residence?		U		ined an eviction judgment against	you and do you want to stay in your residence?			
		■ Ye		No. Go to line 1	, с	year and do year main to diay in your roomanioo.			
			-						
				Yes. Fill out <i>Ini</i> bankruptcy peti		udgment Against You (Form 101A) and file it with this			

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Case number (if known) Debtor 1 Melissa A. Kirylko

art	3: Report About Any Bu	sinesses	You Own	as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of busi	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, State & ZIP Code					
	it to this petition.				x to describe your business:			
				ess (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadline: operation	s. If you in	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure				
		■ No.	I am n	ot filing under Chap	ter 11.			
	For a definition of <i>small</i> business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am fi	ling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
art	4: Report if You Own or	Have Any	/ Hazardo	us Property or Any	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	■ No.	What is t	he hazard?				
	identifiable hazard to public health or safety? Or do you own any property that needs		If immed	iate attention is				
	immediate attention?		needed,	why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
					Number, Street, City, State & Zip Code			

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Debtor 1 Melissa A. Kirylko

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-35286 Doc 1 Filed 11/04/16 Entered 11/04/16 12:34:01 Desc Main Page 6 of 52 Document Case number (if known) Debtor 1 Melissa A. Kirylko Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion

estimate your liabilities

20. How much do you

to be?

□ \$500.001 - \$1 million

□ \$50,001 - \$100,000

□ \$100,001 - \$500,000

□ \$500,001 - \$1 million

**\$0 - \$50,000** 

Sign Below Part 7:

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Melissa A. Kirylko Melissa A. Kirylko Signature of Debtor 1	Signature of Debtor 2
Executed on October 31, 2016 MM / DD / YYYY	Executed on MM / DD / YYYY

□ \$500,000,001 - \$1 billion

■ More than \$50 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

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Debtor 1 Melissa A. Kirylko Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Thomas W. Lynch	Date	October 31, 2016				
Signature of Attorney for Debtor		MM / DD / YYYY				
Thomas W. Lynch Printed name						
Law Office of Thomas W. Lynch, P.C.						
9231 S. Roberts Road Hickory Hills, IL 60457						
Number, Street, City, State & ZIP Code						
Contact phone (708) 598-5999	Email address	twlpc@att.net				
6194247 Bar number & State		<u> </u>				

		DOCUM	<u>-: 11 Paue 6 01 5/</u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Melissa A. Kirylk	0		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	14,940.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	14,940.00
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	15,499.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	16,251.48
	Your total liabilities	\$	31,750.48
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,785.50
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,245.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scł	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	a personal,	, family, or

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Debtor 1 Melissa A. Kirylko Document Page 9 of 52
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

			Do	ocument	Page 10 of 52			
Fill in th	nis inform	ation to identify your	case and this fil	ing:				
Debtor 1		Melissa A. Kirylko	)					
Dahta : C	,	First Name	Middle Name	3	Last Name			
Debtor 2 (Spouse, if		First Name	Middle Name	<del></del>	Last Name			
United S	States Ban	kruptcy Court for the:	NORTHERN DI	STRICT OF ILLI	NOIS			
Case nu	ımber							Check if this is an
					_		_	amended filing
Offici	al For	m 106A/B						
Sch	edule	A/B: Prop	erty					12/15
think it fit informatio Answer e	s best. Be on. If more very quest	as complete and accurate space is needed, attach a ion.	te as possible. If t a separate sheet t	wo married people to this form. On th	an asset fits in more than on e are filing together, both ar e top of any additional page	e equally responsible	for supply	ring correct
Part 1:	Describe E	Each Residence, Building	, Land, or Other R	eal Estate You Ov	vn or Have an Interest In			
1. Do you	own or ha	ave any legal or equitable	interest in any re	sidence, building,	, land, or similar property?			
■ No.	Go to Part	2.						
☐ Yes	. Where is	the property?						
Part 2:	Describe Y	our Vehicles						
someone	e else drive vans, tru		e, also report it o	n Schedule G: E.	whether they are register xecutory Contracts and Ur		arry vernici	es you own mat
3.1 M	lake: <b>F</b>	ord	Who ha	s an interest in th	e property? Check one			or exemptions. Put aims on Schedule D:
M	lodel: F	iesta	■ Debt	tor 1 only				Secured by Property.
	_	014		tor 2 only		Current value of t		urrent value of the
	pproximate ther informate	·		tor 1 and Debtor 2 of the debtor	•	entire property?	рс	ortion you own?
D		om, but this is car, debtor pays and	d □ Che	ck if this is commi		\$7,000	.00	\$7,000.00
	oles: Boats	,			cles, other vehicles, and nowmobiles, motorcycle ac			
				•	om Part 2, including any			\$7,000.00
		our Personal and House						
Do you	own or h	ave any legal or equita	able interest in a	iny of the follow	ving items?		<b>port</b> Do n	rent value of the ion you own? not deduct secured as or exemptions.
6. Hous	ehold god	ods and furnishings					Olalli	or oxomptiono.

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

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Debtor 1	Melissa A. Kirylko		Document	Page 11 of 52 Case number	(if known)	
Yes.	. Describe					
	bedroo	m furniture	e, bed, dresser & bal	oy crib		\$200.00
7. Electro				oment; computers, printers, scanner	s; music c	ollections; electronic devices
■ No □ Yes.	. Describe					
Examp ■ No	ibles of value  bles: Antiques and figurines; other collections, memo			oks, pictures, or other art objects; st	amp, coin,	or baseball card collections;
9. <b>Equipm</b> Examp	nent for sports and hobbie		other hobby equipment;	bicycles, pool tables, golf clubs, skis	s; canoes a	and kayaks; carpentry tools;
10. Fireari Exam No ☐ Yes.  11. Clothe Exam ☐ No	ms  ples: Pistols, rifles, shotguns  Describe					
		al wearing	apparel			\$300.00
■ No □ Yes.  13. <b>Non-fa</b> Exam □ No			engagement rings, wed	ding rings, heirloom jewelry, watche	s, gems, ç	jold, silver
	2 dogs					\$50.00
■ No □ Yes.	. Give specific information			ncluding any health aids you did		
	art 3. Write that number h					\$550.00
	escribe Your Financial Assets					
Do you o	wn or have any legal or eq	uitable inter	est in any of the follow	ing?		Current value of the portion you own?  Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Document Debtor 1 Melissa A. Kirylko 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking Midland Federal \$90.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: \$1,000.00 401(k) 401(k) through Presence (former employer) 401(k) 401(k) through current employer \$900.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No

☐ Yes. Give specific information about them...

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Desc Main

		Case 16-35286	5 Doo		11/04/16 cument	Entered 11/04 Page 13 of 52	4/16 12:34:01	Desc Main
De	ebtor 1	Melissa A. Kirylko					ase number (if known)	
	Examp  ■ No	s, copyrights, trademar oles: Internet domain nan Give specific information	nes, websi	tes, proceeds			ts	
	Examp  ■ No	es, franchises, and otholes: Building permits, ex	clusive lice	enses, coopera	itive association	n holdings, liquor licens	es, professional licenso	es
M	oney or p	property owed to you?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	funds owed to you Give specific information	about the	m, including w	hether you alre	ady filed the returns and	d the tax years	
					\$2500 in EIO	expected (expects C and \$200 in child		\$5,400.00
		Give specific information						
	Examp  ■ No	amounts someone owe ples: Unpaid wages, disal benefits; unpaid loa	bility insura ns you ma			efits, sick pay, vacation	pay, workers' comper	nsation, Social Security
	Examp  ■ No □ Yes. Interes: Examp	oles: Unpaid wages, disal	bility insurans you ma	de to someone	e else			
31.	■ No □ Yes. Interes: Examp	bles: Unpaid wages, disal benefits; unpaid loa Give specific information ats in insurance policies bles: Health, disability, or Name the insurance com	bility insurans you man.  n.  iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	de to someone nce; health sav	e else vings account (		er's, or renter's insurar	
31.	■ No □ Yes. Interest Examp ■ No □ Yes. If you a someo ■ No	bles: Unpaid wages, disal benefits; unpaid loa Give specific information ats in insurance policies bles: Health, disability, or Name the insurance com	bility insurans you man.  If a life insurant pany of ear ompany nany of ear ompany nany ving trust, wing trust, wi	nce; health sav	vings account ( list its value.	HSA); credit, homeown Beneficiar	er's, or renter's insurar y:	nce Surrender or refund value:
31.	■ No □ Yes. Interest Examp ■ No □ Yes. If you a someo ■ No □ Yes. Claims	bles: Unpaid wages, disal benefits; unpaid loa  Give specific information ts in insurance policies bles: Health, disability, or Name the insurance com Conterest in property that is are the beneficiary of a limit one has died.	bility insurans you man.  a.  life insurant pany of each pany of each pany nany ving trust, whether or	nce; health savach policy and ame:  from someorexpect proceed	vings account ( list its value.  list who has die die from a life in	HSA); credit, homeown Beneficiar ed surance policy, or are c	er's, or renter's insurar y: urrently entitled to rece	nce Surrender or refund value:
31.	■ No □ Yes. Interest Examp ■ No □ Yes. If you a someo ■ No □ Yes. Claims Examp ■ No	bles: Unpaid wages, disal benefits; unpaid loa Give specific information ats in insurance policies bles: Health, disability, or Name the insurance come Conterest in property that is are the beneficiary of a limit one has died.  Give specific information against third parties, very specific or specific information against third parties, very specific information against third parties	bility insurans you man.  If a life insurant pany of each pany of each pany of each pany ing trust, whether outline the dispute	nce; health savach policy and ame:  from someorexpect proceed	vings account ( list its value.  list who has die die from a life in	HSA); credit, homeown Beneficiar ed surance policy, or are c	er's, or renter's insurar y: urrently entitled to rece	nce Surrender or refund value:
31. 32.	■ No □ Yes. Interest Examp ■ No □ Yes. If you a someo ■ No □ Yes. Claims ■ Examp ■ No □ Yes.	bles: Unpaid wages, disal benefits; unpaid load Give specific information at sits in insurance policies bles: Health, disability, or Name the insurance come Conterest in property that is are the beneficiary of a livence has died.  Give specific information against third parties, voles: Accidents, employments	bility insurans you man.  If a life insurant pany of eart pany of eart wing trust, whether or lent dispute	nce; health savach policy and ame:  from someorexpect proceed r not you have es, insurance of	e else  vings account (  list its value.  e who has die  ds from a life in  e filed a lawsu  claims, or rights	HSA); credit, homeown Benefician ed surance policy, or are continuous	er's, or renter's insurar y: urrently entitled to rece or payment	Surrender or refund value:
31. 32. 33.	■ No □ Yes. Interest Examp ■ No □ Yes.  Any int If you a someo ■ No □ Yes.  Claims Examp ■ No □ Yes.  Other of	bles: Unpaid wages, disal benefits; unpaid load Give specific information at sits in insurance policies bles: Health, disability, or Name the insurance come conterest in property that is are the beneficiary of a limited by the specific information against third parties, voles: Accidents, employments.	bility insurans you man.  If if insurant in insurant insu	nce; health savach policy and ame:  from someorexpect proceed r not you have es, insurance of	e else  vings account (  list its value.  e who has die  ds from a life in  e filed a lawsu  claims, or rights	HSA); credit, homeown Benefician ed surance policy, or are continuous	er's, or renter's insurar y: urrently entitled to rece or payment	Surrender or refund value:
31. 32. 33.	■ No □ Yes. Interest Examp ■ No □ Yes.  Any interest Someo ■ No □ Yes.  Claims ■ Xes. ■ No □ Yes.  Other of ■ No □ Yes.  Any fine ■ No	bles: Unpaid wages, disal benefits; unpaid load Give specific information at sin insurance policies bles: Health, disability, or Name the insurance come are the beneficiary of a light and the beneficiary of a light and the disability. Give specific information against third parties, wolles: Accidents, employment and unliquic contingent and unliquic	bility insurans you man.  If if insurant insuran	nce; health savach policy and time:  from someone expect proceed or not you have es, insurance of every national same of every national s	e else  vings account (  list its value.  e who has die  ds from a life in  e filed a lawsu  claims, or rights	HSA); credit, homeown Benefician ed surance policy, or are continuous	er's, or renter's insurar y: urrently entitled to rece or payment	Surrender or refund value:

Debtor 1	Melissa A. Kirylko	Case number (if known)	
	the dollar value of all of your entries from Part 4, includin Part 4. Write that number here		\$7,390.00
Part 5: D	escribe Any Business-Related Property You Own or Have an Inte	erest In. List any real estate in Part 1.	
7. Do you	ı own or have any legal or equitable interest in any business-relat	ted property?	
No. G	Go to Part 6.		
☐ Yes.	Go to line 38.		
	rescribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	u Own or Have an Interest In.	
6. <b>Do yo</b>	ou own or have any legal or equitable interest in any farm	- or commercial fishing-related property?	
■ No	o. Go to Part 7.		
☐ Ye	es. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above	
Exan	ou have other property of any kind you did not already list apples: Season tickets, country club membership	1?	
■ No			
☐ Yes	s. Give specific information		
54. <b>Add</b>	the dollar value of all of your entries from Part 7. Write the	nat number here	\$0.00
Part 8:	List the Totals of Each Part of this Form		
55. <b>Part</b>	1: Total real estate, line 2		\$0.00
56. <b>Part</b>	2: Total vehicles, line 5	\$7,000.00	
57. <b>Part</b>	3: Total personal and household items, line 15	\$550.00	
58. <b>Part</b>	4: Total financial assets, line 36	\$7,390.00	
59. <b>Part</b>	5: Total business-related property, line 45	\$0.00	
60. <b>Part</b>	6: Total farm- and fishing-related property, line 52	\$0.00	
61. <b>Part</b>	7: Total other property not listed, line 54	\$0.00	

\$14,940.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$14,940.00

\$14,940.00

Fill in this information to identify your case:
Debtor 1 Melissa A. Kirylko
First Name Middle Name Last Name
Debtor 2
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS
Case number
(if known)

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	AIII	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2014 Ford Fiesta 60,000 miles joint w/ mom, but this is Debtor's car,	\$7,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
debtor pays and maintains Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
bedroom furniture, bed, dresser & baby crib	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: <b>6.1</b>			100% of fair market value, up to any applicable statutory limit	
personal wearing apparel Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Elle Holli Geriedale A.B. TTT			100% of fair market value, up to any applicable statutory limit	
2 dogs Line from Schedule A/B: 13.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Elle Holli Geriedale A.B. 1911			100% of fair market value, up to any applicable statutory limit	
Checking: Midland Federal Line from Schedule A/B: 17.1	\$90.00		\$90.00	735 ILCS 5/12-1001(b)
Line nom Schedule A/D. 11.1			100% of fair market value, up to any applicable statutory limit	

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Case number (if known)

Deni	INICIISSA A. KII YIKU					
	Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own		Am	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	01(k): 401(k) through Presence former employer)	\$1,000.00		100%	735 ILCS 5/12-1006	
	ine from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	01(k): 401(k) through current	\$900.00		100%	735 ILCS 5/12-1006	
	ine from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
	2016 income tax refund expected expects approx. \$2500 in EIC and	\$5,400.00		\$2,700.00	735 ILCS 5/12-1001(g)(1)	
\$	ine from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
	2016 income tax refund expected expects approx. \$2500 in EIC and	\$5,400.00		\$2,700.00	735 ILCS 5/12-1001(b)	
\$	ine from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
	Are you claiming a homestead exemption Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmer	nt.)	
ı	No					
[	Yes. Did you acquire the property cover	red by the exemption wi	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

		Doci	ıment	Page 17	01.5/		
Fill in this informatio	n to identify you	ır case:					
Debtor 1 M	lelissa A. Kiry	lko					
	st Name	Middle Name		Last Name			
Debtor 2							
(Spouse if, filing) Fir	st Name	Middle Name		Last Name			
United States Bankrup	otcy Court for the	NORTHERN DIST	RICT OF ILL	INOIS			
Case number							
(if known)						☐ Chec	k if this is an
						amen	ded filing
	=						
Official Form 10	<u> 06D</u>						
Schedule D:	Creditors	Who Have C	Claims	Secured	by Propert	٧	12/15
		If two married people are out, number the entries,					
I. Do any creditors have	claims secured b	y your property?					
□ No. Check this	box and submit t	his form to the court wi	th your other	schedules. You	u have nothing else t	o report on this form.	
Yes. Fill in all o	f the information	below.					
Part 1: List All Sec	cured Claims						
		more than one secured cla	aim. list the cre	editor separately	Column A	Column B	Column C
2. List all secured claim for each claim. If more the	s. If a creditor has	more than one secured class a particular claim, list the	other creditors	s in Part 2. As	Amount of claim	Value of collateral	Unsecured
2. List all secured claim for each claim. If more the	s. If a creditor has		other creditors	s in Part 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the	s. If a creditor has an one creditor has claims in alphabet	s a particular claim, list the	other creditors creditor's nam	s in Part 2. As ne.	Amount of claim	Value of collateral	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the	s. If a creditor has an one creditor has claims in alphabet	s a particular claim, list the ical order according to the	other creditors creditor's nam that secures t	s in Part 2. As ne.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
List all secured claim for each claim. If more the much as possible, list the     Ford Motor Cr     Creditor's Name     National Bank	s. If a creditor has an one creditor has claims in alphabet redit	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but	other creditors creditor's name that secures to 60,000 mile this is Del	s in Part 2. As ne. the claim: es btor's	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
List all secured claim for each claim. If more the much as possible, list the     Tord Motor Cr Creditor's Name     National Bank Service Cente	s. If a creditor has an one creditor has claims in alphabet redit cruptcy	pescribe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a	other creditors creditor's nam that secures to 60,000 mile this is Del and mainta	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
List all secured claim for each claim. If more the much as possible, list the     Tord Motor Cr Creditor's Name     National Bank Service Cente Po Box 62180	s. If a creditor has an one creditor has claims in alphabet redit cruptcy	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file,	other creditors creditor's nam that secures to 60,000 mile this is Del and mainta	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
List all secured claim for each claim. If more the much as possible, list the     Tord Motor Cr Creditor's Name     National Bank Service Cente Po Box 62180 Colorado Spri	s. If a creditor has an one creditor has claims in alphabet redit cruptcy	pescribe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a	other creditors creditor's nam that secures to 60,000 mile this is Del and mainta	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
List all secured claim for each claim. If more the much as possible, list the     Tord Motor Cr Creditor's Name     National Bank Service Cente Po Box 62180	s. If a creditor has an one creditor has claims in alphabet redit cruptcy er	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.	other creditors creditor's nam that secures to 60,000 mile this is Del and mainta	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the  2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962	s. If a creditor has an one creditor has claims in alphabet redit cruptcy er	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent	other creditors creditor's nam that secures to 60,000 mile this is Del and mainta	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the  2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962	s. If a creditor has an one creditor has claims in alphabet redit cruptcy ir ings, CO	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Unliquidated	other creditors creditor's name that secures to 60,000 mile this is Deland maintathe claim is:	s in Part 2. As ne.  the claim: es btor's iins	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the  2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962 Number, Street, City, S  Who owes the debt? Colorado 1 only	s. If a creditor has an one creditor has claims in alphabet redit cruptcy ir ings, CO	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent Unliquidated Disputed Nature of lien. Check An agreement you me	other creditors creditor's name that secures to 60,000 miles this is Deland mainta the claim is:	s in Part 2. As le.  the claim: es btor's iins Check all that	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962  Number, Street, City, S  Who owes the debt? Colorado 1 Only Debtor 2 Only	s. If a creditor has an one creditor has claims in alphabet redit cruptcy fr ings, CO State & Zip Code Check one.	Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check	other creditors creditor's name that secures to 60,000 miles this is Deland mainta the claim is:	s in Part 2. As le.  the claim: es btor's iins Check all that	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the  2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962 Number, Street, City, S  Who owes the debt? Colorado 1 only	s. If a creditor has an one creditor has claims in alphabet redit cruptcy fr ings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you m car loan)  Statutory lien (such a	other creditors creditor's name that secures to 60,000 miles this is Deland mainta the claim is:  all that apply.  ande (such as it as tax lien, meaning creditor's name creditors)	s in Part 2. As le.  the claim: es btor's iins Check all that	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962  Number, Street, City, S  Who owes the debt? Colorado 2 Debtor 1 only  Debtor 2 only	s. If a creditor has an one creditor has claims in alphabet redit cruptcy fr sings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you m car loan)	other creditors creditor's name that secures to 60,000 miles this is Deland mainta the claim is:  all that apply.  ande (such as it as tax lien, meaning creditor's name creditors)	s in Part 2. As le.  the claim: es btor's iins Check all that	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name National Bank Service Cente Po Box 62180 Colorado Spri 80962 Number, Street, City, 3 Who owes the debt? C Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2	s. If a creditor has an one creditor has claims in alphabet redit cruptcy fr sings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you m car loan)  Statutory lien (such a	other creditors creditor's name that secures to 60,000 mile this is Detained mainta the claim is:  all that apply.  ande (such as it as tax lien, medained and and the claim is the claim i	s in Part 2. As le.  the claim: es btor's iins Check all that	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name  National Bank Service Cente Po Box 62180 Colorado Spri 80962  Number, Street, City, S  Who owes the debt? Colorado 2 Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Check if this claim re	s. If a creditor has an one creditor has claims in alphabet redit cruptcy fr sings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a  As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you mare car loan)  Statutory lien (such a decorded)  Judgment lien from a	other creditors creditor's name that secures to 60,000 mile this is Detained mainta the claim is:  all that apply.  ande (such as it as tax lien, medained and and the claim is the claim i	s in Part 2. As le.  the claim: es btor's iins Check all that  mortgage or secu	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name  National Bank Service Cente Po Box 62180 Colorado Spri 80962  Number, Street, City, S  Who owes the debt? Colorado Poebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Check if this claim re	s. If a creditor has an one creditor has claims in alphabet redit cruptcy ings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a  As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you mare car loan)  Statutory lien (such a decorded)  Judgment lien from a	other creditors creditor's name that secures to 60,000 mile this is Detained mainta the claim is:  all that apply.  ande (such as it as tax lien, medained and and the claim is the claim i	s in Part 2. As le.  the claim: es btor's iins Check all that  mortgage or secu	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion
2. List all secured claim for each claim. If more the much as possible, list the 2.1 Ford Motor Cr Creditor's Name  National Bank Service Cente Po Box 62180 Colorado Spri 80962  Number, Street, City, S  Who owes the debt? Colorado Poebtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Check if this claim re	s. If a creditor has an one creditor has claims in alphabet redit redit kruptcy ir ings, CO State & Zip Code Check one.	s a particular claim, list the cal order according to the  Describe the property  2014 Ford Fiesta joint w/ mom, but car, debtor pays a  As of the date you file, apply.  Contingent  Unliquidated Disputed Nature of lien. Check An agreement you mare car loan)  Statutory lien (such a decorded)  Judgment lien from a	other creditors creditor's name that secures to 60,000 mile this is Deland mainta the claim is:  all that apply.  ande (such as it is as tax lien, media lawsuit ght to offset)	s in Part 2. As le.  the claim: es btor's ins Check all that  mortgage or secu chanic's lien)  PMSI auto Id	Amount of claim Do not deduct the value of collateral. \$15,499.00	Value of collateral that supports this claim	Unsecured portion

Add the dollar value of your entries in Column A on this page. Write that number here: \$15,499.00 If this is the last page of your form, add the dollar value totals from all pages. \$15,499.00 Write that number here:

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	0000 10 00200 2	Document	Page 18 of 52	COO MAIN
Fill in this	s information to identify your o			
Debtor 1	Melissa A. Kirylko			
20010	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name	
	ates Bankruptcy Court for the:	NORTHERN DISTRICT OF I		
	, ,			
Case num (if known)	nber			Check if this is an amended filing
				g
<u>Official</u>	Form 106E/F			
Sched	ule E/F: Creditors W	ho Have Unsecured	d Claims	12/15
Schedule G Schedule D left. Attach name and c	<ul> <li>Executory Contracts and Unexpired Creditors Who Have Claims Sectified Continuation Page to this page as enumber (if known).</li> </ul>	ired Leases (Official Form 106G) ured by Property. If more space i e. If you have no information to r	o list executory contracts on Schedule A/B: Property (Of . Do not include any creditors with partially secured clai is needed, copy the Part you need, fill it out, number the report in a Part, do not file that Part. On the top of any ac	ms that are listed in entries in the boxes on the
Part 1:	List All of Your PRIORITY Un			
	y creditors have priority unsecured	d claims against you?		
	. Go to Part 2.			
☐ Ye				
	List All of Your NONPRIORIT			
3. Do an	y creditors have nonpriority unsec	ured claims against you?		
∐ No	. You have nothing to report in this pa	art. Submit this form to the court wi	th your other schedules.	
Yes	S.			
unsecu	ured claim, list the creditor separately ne creditor holds a particular claim, li	for each claim. For each claim list	the creditor who holds each claim. If a creditor has more ed, identify what type of claim it is. Do not list claims already u have more than three nonpriority unsecured claims fill out	included in Part 1. If more
				Total claim
4.1 <b>A</b>	dventist Health Partners	Last 4 digits of a	ccount number	\$154.25
	onpriority Creditor's Name	When wee the de		
	O Box 7001 colingbrook, IL 60440-7001	When was the de	bt incurred?	_
	umber Street City State Zlp Code	As of the date yo	u file, the claim is: Check all that apply	
W	ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and and	uici	ORITY unsecured claim:	
	Check if this claim is for a comm	•		
	ebt the claim subject to offset?	☐ Obligations aris	sing out of a separation agreement or divorce that you did no laims	ot
	No	<u></u> · · · ·	on or profit-sharing plans, and other similar debts	
	Yes	•	Balance due for unpaid medical services	
_	<b>1</b> 103	Other. Specify	Data not due for ampaid medical selvices	

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Debtor 1 Melissa A. Kirylko Case number (if know) Adventist LaGrange Memorial \$555.00 4.2 Hospita Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? PO box 9234 Hinsdale, IL 60522-9234 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Balance due for unpaid medical services ☐ Yes 4.3 **Capital One** Last 4 digits of account number \$1,812.00 7968 Nonpriority Creditor's Name Opened 04/12 Last Active Po Box 30285 When was the debt incurred? 3/24/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 **Capital One** 2000 \$663.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/13 Last Active Po Box 30285 4/08/16 When was the debt incurred? Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card

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Case number (if know)

Debtor 1 Melissa A. Kirylko 4.5 \$663.00 Capital One Na Last 4 digits of account number 5347 Nonpriority Creditor's Name Attn: Bankruptcy Dept Opened 10/13 Last Active Po Box 30258 When was the debt incurred? 2/19/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.6 Cardworks/CW Nexus Last 4 digits of account number 2924 \$802.00 Nonpriority Creditor's Name Opened 07/13 Last Active Pob 9201 When was the debt incurred? 2/26/16 Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Credit Card** Other, Specify 4.7 **Chase Card Services** Last 4 digits of account number 5075 \$943.00 Nonpriority Creditor's Name Opened 06/11 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 3/25/16 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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Case number (if know)

Debtor	1 Melissa A. Kirylko		Case number (if know)	
4.8	Chase Card Services	Last 4 digits of account number	1457	\$569.00
	Nonpriority Creditor's Name Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 10/13 Last Active 4/08/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.9	Chicago Health Medical Group  Nonpriority Creditor's Name	Last 4 digits of account number		\$217.55
	ATTN #11730Y PO Box 14000	When was the debt incurred?		
	Belfast, ME 04915-4033  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,	or onest an mat apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Balance du	e for unpaid medical services	
4.1	Citibank  Nonpriority Creditor's Name	Last 4 digits of account number	4306	\$773.00
	Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179	When was the debt incurred?	Opened 12/11 Last Active 3/25/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	$\square$ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	-	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other, Specify Credit Card	I	

Debtor	1 Melissa A. Kirylko	Document Page 2	22 of 52 Case number (if know)	
4.1				
1	CMRE Financial Services	Last 4 digits of account number		\$29.26
	Nonpriority Creditor's Name 3075 E Imperial Hwy, Ste 200 Brea, CA 92821	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify Balance d	ue for unpaid medical services	
4.1	Comenity Bank/the Buckle	Last 4 digits of account number	4799	\$1,723.00
	Nonpriority Creditor's Name	_	On an all 44 (04 (44 ) and Andrea	
	Po Box 18215 Columbus, OH 43218	When was the debt incurred?	Opened 11/01/11 Last Active 2/26/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify Charge Ac	count	
4.1	ICS/Illinois Collection Service	Last 4 digits of account number	3753	\$75.00
	Nonpriority Creditor's Name		Opened 10/13 Last Active	
	Po Box 1010 Tinley Park, IL 60477	When was the debt incurred?	3/18/14	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	

■ No

☐ Yes

Other. Specify Lagrange Mem

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Fam. Med. Cntr Of

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Case number (if know)

Debte	or 1 Melissa A. Kirylko	——————————————————————————————————————	Case number (if know)	
4.1 4	Jourdan and Giannini Dental	Last 4 digits of account number		\$1,206.80
	Nonpriority Creditor's Name 3745 Grand Blvd	When was the debt incurred?		· · ·
	Brookfield, IL 60513  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	7.0 0 aa.o , 0, 0	one on an anatoppi,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	, ,	e for unpaid medical services	
4.1				
5	Kohls/Capital One Nonpriority Creditor's Name	Last 4 digits of account number	<u>6888</u>	\$555.00
			Opened 09/11 Last Active	
	Po Box 3120	When was the debt incurred?	2/21/16	
	Milwaukee, WI 53201  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	13. Oneok all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-shari		
	Yes	Other. Specify Charge Ac	count	
4.1 6	MacNeal Physicians Group	Last 4 digits of account number		\$217.55
	Nonpriority Creditor's Name	_		
	Bankruptcy Dept 3249 S. Oak Park Ave	When was the debt incurred?		
	Berwyn, IL 60402  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	<b>,</b>	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	•	
	☐ Yes	Other. Specify Balance du	e for unpaid medical services	

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Merchants Credit	Last 4 digits of account number	<u>3917</u>	\$405.
Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700	When was the debt incurred?	Opened 09/13	
Chicago, IL 60606			
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Collection	Attorney Hinsdale Orthopaedics	
Merchants Credit	Last 4 digits of account number	0261	\$395.
Nonpriority Creditor's Name 223 W Jackson Blvd	When was the debt incurred?	Opened 08/15	
Ste 700			
Chicago, IL 60606  Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	, o au.o ,,	or onook all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Collection A  Other. Specify  Hospital	Attorney Adventist Hinsdale	
Merchants Credit	Last 4 digits of account number	7401	\$137.
Nonpriority Creditor's Name  223 W Jackson Blvd	When was the debt incurred?	Opened 10/15	
Ste 700			
Chicago, IL 60606	- An at the date of the state of	01	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is	s: Cneck all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Collection A  Other. Specify Medicine Pl	Attorney Burr Ridge Family	

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Debtor 1 Melissa A. Kirylko Case number (if know) 4.2 Midland Funding 8627 \$845.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 2365 Northside Dr When was the debt incurred? **Opened 02/16** Suite 300 San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Factoring Company Account Credit One** Other. Specify ☐ Yes Bank N.A. 4.2 \$76.44 **Northwestern Medicine** Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? 675 N Saint Clair St. 2nd Fl Chicago, IL 60611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Balance due for unpaid medical services 4.2 **Northwestern Medicine** Last 4 digits of account number \$416.96 Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Dept** 675 N Saint Clair St. 2nd Fl Chicago, IL 60611 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Balance due for unpaid medical services Other. Specify

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Case number (if know)

DCDIO	Wellssa A. Kilyiku		Case Harriber (II know)	
4.2	Portfolio Recovery	Last 4 digits of account number	2452	\$227.00
	Nonpriority Creditor's Name Po Box 41067	When was the debt incurred?		
	Norfolk, VA 23541  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	П		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	d alabas	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a ciaim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify 08 Comenic	ty Bank	
4.2	Suburban Radiologists, SC	Last 4 digits of account number		\$44.67
	Nonpriority Creditor's Name 1446 Momentum PI Chicago, IL 60689-5314	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	Yes	·	e for unpaid medical services	
4.2				
5	Synchrony Bank/PayPal Cr Nonpriority Creditor's Name	Last 4 digits of account number	<u>0788</u>	\$496.00
	Po Box 965064 Orlando, FL 32896	When was the debt incurred?	Opened 12/13 Last Active 2/26/16	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
		<u> </u>		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
		Student loans	<del></del>	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	∏ Yes	Other Specify Credit Card		

Debtor 1 Melissa A. Kirylko

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Case number (if know)

4.2 6	Verizon	Last 4 digits of account numbe	r 0001	\$2,250.00
	Nonpriority Creditor's Name 500 Technology Dr Suite 500	When was the debt incurred?	Opened 02/08 Last Active 2/29/16	
	Weldon Spring, MO 63304			_
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the clain	n is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	red claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	paration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shar	ring plans, and other similar debts	
	☐ Yes	Other. Specify		
Part	3: List Others to Be Notified About a D	ebt That You Already Listed		
is tı hav	this page only if you have others to be notified rying to collect from you for a debt you owe to see more than one creditor for any of the debts the ified for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor nat you listed in Parts 1 or 2, list the ad	in Parts 1 or 2, then list the collection ager	cy here. Similarly, if you
	e and Address	On which entry in Part 1 or Part 2 did yo		
	: & Gaines W Glenn Ave		Part 1: Creditors with Priority Unsecured C	
	eeling, IL 60090		Part 2: Creditors with Nonpriority Unsecure	d Claims
	3,	Last 4 digits of account number		
Name	e and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	cago Health Medical Group		Part 1: Creditors with Priority Unsecured C	laims
_	Box 848444		Part 2: Creditors with Nonpriority Unsecure	d Claims
ROS	ton, MA 02284-8444	Last 4 digits of account number		
Nome	and Address	On which entry in Port 1 or Port 2 did yo	u liet the original are ditor?	
	e and Address nenity	On which entry in Part 1 or Part 2 did you Line <b>4.23</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured C	laims
	Box 182125		■ Part 2: Creditors with Nonpriority Unsecure	
Colu	ımbus, OH 43218-2125		— Full 2. Glodilolo Will Holipholiky Gloddalo	a ciamio
		Last 4 digits of account number		
	e and Address	On which entry in Part 1 or Part 2 did yo	•	
	vergent Outsourcing, Inc. SW 39th St.		Part 1: Creditors with Priority Unsecured C	
	Box 9004		Part 2: Creditors with Nonpriority Unsecure	d Claims
Ren	ton, WA 98057			
		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did yo		
	ris and Harris LTD West Jackson Boulevard		Part 1: Creditors with Priority Unsecured C	
	e 400		Part 2: Creditors with Nonpriority Unsecure	d Claims
	cago, IL 60604-4134			
		Last 4 digits of account number		
	e and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	Financial Services, Inc	Line 4.16 of (Check one):	Part 1: Creditors with Priority Unsecured C	laims
_	Box 7230		Part 2: Creditors with Nonpriority Unsecure	d Claims
wes	tchester, IL 60154	Last 4 digits of account number		
Nama	e and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?	
	colm S. Gerald & Associates	*	☐ Part 1: Creditors with Priority Unsecured C	laims
332	S Michigan Ave		Part 2: Creditors with Nonpriority Unsecure	
Suit	e 600		Critical man resignating endocure	

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Chicago, IL 60604

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Sunrise Credit Services

On which entry in Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Bankruptcy Department P.O. Box 9168 Farmingdale, NY 11735-8533

Last 4 digits of account number

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				T	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				T	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	16,251.48
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	16,251.48

Fill in this infor	mation to identify your	case:		
Debtor 1	Melissa A. Kirylk	0		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				☐ Check if this is an
(ii kilowii)				amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	•				

		Documen	t Page 30 of 52	
Fill in this	information to identify your	case:		
Debtor 1	Melissa A. Kirylk	0		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name	
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS	
Case num	ber			
(if known)				☐ Check if this is an amended filing
Officia	l Form 106H			
	lule H: Your Cod	ebtors		12/15
eople are ill it out, a our name	filing together, both are equ nd number the entries in the and case number (if known)	ially responsible for supply boxes on the left. Attach t ). Answer every question.	ring correct information. If mo he Additional Page to this pag	te and accurate as possible. If two married ore space is needed, copy the Additional Page, ge. On the top of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case, do	o not list either spouse as a code	ebtor.
☐ No				
■ Yes	3			
			perty state or territory? (Comn to Rico, Texas, Washington, and	nunity property states and territories include d Wisconsin.)
■ No.	Go to line 3.			
☐ Yes	s. Did your spouse, former spo	use, or legal equivalent live v	with you at the time?	
in line Form	e 2 again as a codebtor only i	if that person is a guaranto	or or cosigner. Make sure you	pouse is filing with you. List the person shown have listed the creditor on Schedule D (Official Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		mn 2: <b>The creditor to whom you owe the debt</b> ck all schedules that apply:
,	Maryann Kirylko 7240 W 84th St, Unit C Bridgeview, IL 60455		□ So □ So	chedule D, line2.1 chedule E/F, line chedule G I Motor Credit

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Eill	in this information to identify your o	350.			1			
	otor 1 Melissa A. I							
	otor 2							
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF ILLINOIS					
(If kr	se number nown)		-		☐ An		Ū	ostpetition chapter ving date:
	fficial Form 106l				MN	M / DD/ Y	YYY	
S	chedule I: Your Inc	ome						12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing w	ng jointly, and your s ith you, do not includ	pouse is liv e informati	ing with y on about y	ou, inclu your spo	ide informati use. If more	on about your space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing	spouse
	If you have more than one job,	Employment status	■ Employed			☐ Emplo	yed	
	attach a separate page with information about additional	Linployment status	☐ Not employed			☐ Not en	nployed	
	employers.	Occupation	medical assistan	t/ CNA				
	Include part-time, seasonal, or self-employed work.	Employer's name	Ingall's MedCent	rix				
	Occupation may include student or homemaker, if it applies.	Employer's address	One Ingalls Drive Harvey, IL 60426					
		How long employed t	here? <u>1 year</u>			_		
Par	t 2: Give Details About Mo	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for any	line, write	\$0 in the	space. Include	e your non-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	for all emplo	oyers for th	nat persor	n on the lines	below. If you need
					For Debt	tor 1	For Debtor non-filing	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	2,4	109.77	\$	N/A
3.	Estimate and list monthly over	time pay.		3. +\$		0.00	+\$	N/A

2,409.77

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Melissa A. Kirylko	-	Ca	se number (if known)				
					or Debtor 1		ebtor iling s	2 or pouse	
	Cop	by line 4 here	4.	\$	2,409.77	\$		N/A	<u>.                                      </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	401.90	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.	\$		\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	_
	5e.	Insurance	5e.			\$		N/A	<u> </u>
	5f.	Domestic support obligations	5f.	\$		\$		N/A	_
	5g.	Union dues	5g.			\$		N/A	_
	5h.	Other deductions. Specify:	5h.			+ \$		N/A	<u>.                                    </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,057.27	\$		N/A	<u>-</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,352.50	\$		N/A	<u>.                                    </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$		\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	433.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$		N/A	<del>-</del>
	8e.	Social Security	8e.	\$	0.00	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$		\$		N/A	_
	8g.	Pension or retirement income	8g.		0.00			N/A	_
	8h.	Other monthly income. Specify:	8h.	+ \$	0.00	+ »		N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	433.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	8	1,785.50 + \$		N/A	= \$	1,785.50
		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	1,700.00		14/7	-	1,700.00
11.	Star Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:	deper			•	hedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies					12.	\$	1,785.50
13.	Do	you expect an increase or decrease within the year after you file this form	?					Combi monthl	ned ly income
		No.							

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Fill	in this information to identify your case:				
	otor 1 Melissa A. Kirylko		Chec	k if this is:	
DCD	Wellssa A. Kilyiko			An amended filing	
	otor 2				ving postpetition chapter the following date:
(Spc	ouse, if filing)			13 expenses as or	the following date.
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF IL	LINOIS	Ī	MM / DD / YYYY	
Cas	se number				
(If ki	(nown)				
Of	fficial Form 106J		•		
	chedule J: Your Expenses				12/1:
Be info	as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the mber (if known). Answer every question.				or supplying correct
Par	rt 1: Describe Your Household Is this a joint case?				
١.	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expen	ses for Separate House	ehold of Debt	or 2.	
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	•		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Daughter		2	Yes
					□ No
		-		· ———	☐ Yes ☐ No
					□ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than				
	yourself and your dependents?				
Par	rt 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unles penses as of a date after the bankruptcy is filed. If this is a si plicable date.				
the	lude expenses paid for with non-cash government assistand evalue of such assistance and have included it on <i>Schedule</i> ificial Form 106L)			Your exp	enses
•	•				
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	e. Include first mortgag	e 4. \$		350.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
_	4d. Homeowner's association or condominium dues	hana ando terre	4d. \$		0.00
5.	Additional mortgage payments for your residence, such as	nome equity loans	5. \$		0.00

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ebtor 1	Melissa A. Kirylko	Case num	ber (if known)	
. Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	0.00
6b.	Water, sewer, garbage collection	6b.	\$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	110.00
6d.	Other. Specify:	6d.	\$	0.00
. Foo	d and housekeeping supplies		\$	200.00
	dcare and children's education costs	8.	\$	593.00
	hing, laundry, and dry cleaning	9.	*	100.00
	sonal care products and services	10.	\$	20.00
	ical and dental expenses	11.		160.00
	sportation. Include gas, maintenance, bus or train fare.		Ψ	100.00
	not include car payments.	12.	\$	150.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	ritable contributions and religious donations	14.	· -	0.00
. Insu	<u> </u>		<b>—</b>	0.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	75.00
15d.	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		*	0.00
Spec		16.	\$	0.00
	allment or lease payments:		· -	
	Car payments for Vehicle 1	17a.	\$	397.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spec	cify:	19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho	edule I: Yo	our Income.	
	Mortgages on other property	20a.		0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
	er: Specify: Tolls		+\$	40.00
. •	1013		Γ	40.00
Calc	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	2,245.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,245.00
Calo	culate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,785.50
	Copy your monthly expenses from line 22c above.	23a. 23b.		
230.	Copy your monthly expenses nominate 220 above.	۷۵۵.	-φ	2,245.00
23c.	Subtract your monthly expenses from your monthly income.		[.	
	The result is your monthly net income.	23c.	\$	-459.50

Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ INO.
--------

☐ Yes.

Explain here: 1.) Debtor has a health condition which reqires ongoing treatment.

2.) Debtor lives with family who help support her.

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Fill in this infor	mation to identify your	case:					
Debtor 1	Melissa A. Kirylko						
Debior 1	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS				
Case number (if known)					☐ Check if this is an amended filing		
Official For	m 106Dec						
		ın Individual	Debtor's S	Schedules	12/15		
years, or both. 1	y or property by fraud it I8 U.S.C. §§ 152, 1341, 1 In Below		kruptcy case can resu	ilt in fines up to \$250,00	00, or imprisonment for up to 20		
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill ou	ut bankruptcy forms?			
■ No							
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)			
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules	filed with this declaration	on and		
X /s/ Me	lissa A. Kirylko		X				
Meliss	sa A. Kirylko ure of Debtor 1			e of Debtor 2			

Date

Date **October 31, 2016** 

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Fil	I in this inform	ation to identify you	r case.							
_	btor 1									
De	וטוטו ו	Melissa A. Kiryll First Name	Middle Name	Last Name						
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name						
Un	ited States Bar	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS						
Ca	se number									
(if known)					☐ Check if this is an amended filing					
$\bigcirc$	fficial For	m 107								
	fficial For <b>atement</b>		Affairs for Indivi	duals Filing for B	sankruptcy	4/16				
Be info	as complete a	nd accurate as possi ore space is needed,	ble. If two married people attach a separate sheet to	are filing together, both are	equally responsible for sup y additional pages, write you					
	<u> </u>	). Answer every que								
			rital Status and Where Yo	u Lived Before						
1.	What is your	current marital statu	IS?							
	<ul><li>☐ Married</li><li>■ Not married</li></ul>	ried								
2.	2. During the last 3 years, have you lived anywhere other than where you live now?									
	■ No									
	☐ Yes. List	List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there				
<b>3.</b> stat					nity property state or territory ico, Texas, Washington and W					
	■ No									
	☐ Yes. Ma	ke sure you fill out Scl	nedule H: Your Codebtors (C	Official Form 106H).						
Pa	rt 2 Explain	n the Sources of You	r Income							
4.	Fill in the total	I amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including part ve together, list it only once ur		ndar years?				
	□ No									
	Yes. Fill	in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
the date you tiled for hankruntey:		■ Wages, commissions, bonuses, tips	\$23,193.32	☐ Wages, commissions, bonuses, tips						
			☐ Operating a business		☐ Operating a business					

Official Form 107

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Case number (if known)

Document Debtor 1 Melissa A. Kirylko

For last calendar year:	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions	
		(before deductions and		(before deductions	
		(before deductions and Check all that apply.		and exclusions)	
(January 1 to December 31, 2015)	■ Wages, commissions, bonuses, tips	\$23,186.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2014)		\$24,915.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
and other public benefit paymen winnings. If you are filing a joint	nether that income is taxable. Exa nts; pensions; rental income; inter- case and you have income that y income from each source separat	est; dividends; money collection ou received together, list it o	ted from lawsuits; royalties; an nly once under Debtor 1.		
	Debtor 1		Dobtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)	
Part 3: List Certain Payments Y	ou Made Before You Filed for E	Bankruptcy			
No. Neither Debtor 1 no individual primarily for During the 90 days by No. Go to lin   ☐ Yes List below paid that not inclute   * Subject to adjustm  Yes. Debtor 1 or Debtor During the 90 days by No. Go to lin	ow each creditor to whom you paid it creditor. Do not include payment ide payments to an attorney for the nent on 4/01/19 and every 3 years 2 or both have primarily consu- perfore you filed for bankruptcy, did	mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,425* or more its for domestic support oblighis bankruptcy case. after that for cases filed on mer debts.  d you pay any creditor a total d a total of \$600 or more and	I of \$6,425* or more?  In one or more payments and the ations, such as child support and the attention or after the date of adjustments of \$600 or more?	the total amount you and alimony. Also, do t.	
include	payments for domestic support ob for this bankruptcy case.	oligations, such as child supp	port and alimony. Also, do not	include payments to an	

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7.	Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1' alimony.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partners of their voting	erships of which you	ou are a general p iny managing age	partner; corporations nt, including one for
	No					
	Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	is payment
3.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost		ments or transfer a	iny property on a	account of a debi	t that benefited an
	■ No					
	Yes. List all payments to an insider				_	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credito	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>					
	Case title	Nature of the case	Court or agency		Status of the	2250
	Case number	Nature of the case	Court or agency		Status of the t	Lase
	Midland Funding v. Melissa A.	Collection	Circuit Court o	f Cook	Pending	
	Kirylko 2016 M5 5600		County Fifth Municipal District Bridgeview, IL 60455		☐ On appeal ☐ Concluded	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		rty repossessed, f	oreclosed, garni	shed, attached, s	seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.		uding a bank or fir	nancial institutio	n, set off any am	ounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date	action was	Amount
				take	n	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an		rty in the possessi	ion of an assigne	ee for the benefit	of creditors, a
	■ No					
	☐ Yes					

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Case number (if known) Document Debtor 1 Melissa A. Kirylko

Pai	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	cy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and	Describe the gifts	Dates you gave the gifts	Value
	Address:			
14.	■ No	cy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cont Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value
Pai	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupto or gambling?  ■ No □ Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	how the loss occurred Inc	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or pre	y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? Parers, or credit counseling agencies for services require		rty to anyone you
	No			
	Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law Office of Thomas W. Lynch, P.C. 9231 S. Roberts Road Hickory Hills, IL 60457 twlpc@att.net	Attorney Fees + reimbursement of \$335.00 filing fee and \$33.00 credit report	various dates	\$1,232.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo		or transfer any prope	rty to anyone who
	■ No			
	Yes. Fill in the details.  Person Who Was Paid	Description and value of any property	Date navment	Amount of
	Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Case number (if known) Document

Debtor 1 Melissa A. Kirylko

18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already  No  Yes. Fill in the details.	siness or financial affa le as security (such as t	i <b>irs?</b> he granting of a s				
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr			any property or received or debts change	Date transfer was made	
19.	<ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>						
	Name of trust  Description and value of the property transferred  Date Transfer was made						
Par	t 8: List of Certain Financial Accounts, Insti	ruments, Safe Deposit	Boxes, and Sto	rage Units			
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated to the cooperative of the cooperati	other financial accour	nts; certificates o	of deposit; sh		,	
	■ No	anons, and other man	iciai institutions.	•			
	Yes. Fill in the details.						
		Last 4 digits of account number	Type of accour instrument	clo mo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, any	/ safe deposi	t box or other deposit	ory for securities,	
	■ No						
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?	
22.	Have you stored property in a storage unit or	place other than your	home within 1 y	ear before yo	ou filed for bankruptcy	/?	
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe the	contents	Do you still have it?	
Par	t 9: Identify Property You Hold or Control fo	or Someone Else					
23.	Do you hold or control any property that som for someone.	eone else owns? Inclu	ıde any property	you borrowe	ed from, are storing fo	or, or hold in trust	
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the	property	Value	
Par	t 10: Give Details About Environmental Infor	mation					
For	the purpose of Part 10, the following definition	ns apply:					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

page 5

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Debtor 1 Melissa A. Kirylko

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

Report all notices, releases, and proceedings that you know about, regardless of when they occ 24. Has any governmental unit notified you that you may be liable or potentially liable under or No					
_	in violation of an environmental law?				
■ No					
<b>–</b> 140					
☐ Yes. Fill in the details.					
Name of site Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Known ZIP Code)	ronmental law, if you Date of notice vit				
25. Have you notified any governmental unit of any release of hazardous material?					
■ No □ Yes. Fill in the details.					
Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)	ronmental law, if you Date of notice v it				
26. Have you been a party in any judicial or administrative proceeding under any environmenta	I law? Include settlements and orders.				
■ No □ Yes. Fill in the details.					
Case Title Court or agency Nature of Name Address (Number, Street, City, State and ZIP Code)	of the case Status of the case				
Part 11: Give Details About Your Business or Connections to Any Business					
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the f	ollowing connections to any business?				
☐ A sole proprietor or self-employed in a trade, profession, or other activity, either ful	·				
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)					
☐ A partner in a partnership					
☐ An officer, director, or managing executive of a corporation					
☐ An owner of at least 5% of the voting or equity securities of a corporation					
No. None of the above applies. Go to Part 12.					
Yes. Check all that apply above and fill in the details below for each business.					
Business Name Describe the nature of the business Em	ployer Identification number not include Social Security number or ITIN.				
(Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper	Dates business existed				
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include institutions, creditors, or other parties.					
■ No					
☐ Yes. Fill in the details below.					
Name Address (Number, Street, City, State and ZIP Code)					

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 16-35286 Doc 1 Filed 11/04/16 Entered 11/04/16 12:34:01 Desc Main Page 42 of 52 Case number (if known) Document

Debtor 1 Melissa A. Kirylko

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Melissa A. Kirylko Signature of Debtor 2 Melissa A. Kirylko Signature of Debtor 1 Date October 31, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your o	ase:			
Debtor 1	Melissa A. Kirylko				
Debtor 2	First Name	Middle Name	Las	t Name	
(Spouse if, filing)	First Name	Middle Name	Las	t Name	
United States Bar	nkruptcy Court for the:	NORTHERN DIST	RICT OF ILLINO	S	
Case number					
(if known)					☐ Check if this is an amended filing
Official Fo	rm 108				
		n for Indiv	iduals Fi	ling Under Chap	oter 7 12/15
Otatomon	it or interition	ii ioi iiiaiv		ing onder onap	12/13
_	vidual filing under chap	-	out this form if:		
_	e claims secured by you ed personal property a		t avnired		
You must file this	s form with the court w ver is earlier, unless the	ithin 30 days after y	ou file your bar		e set for the meeting of creditors, the creditors and lessors you list
	ople are filing together d date the form.	in a joint case, bot	h are equally res	sponsible for supplying correc	ct information. Both debtors must
	nd accurate as possible our name and case num		needed, attach	a separate sheet to this form. (	On the top of any additional pages,
Part 1: List Yo	our Creditors Who Have	Secured Claims			
1. For any creditorinformation be	-	rt 1 of Schedule D:	Creditors Who	Have Claims Secured by Prope	erty (Official Form 106D), fill in the
Identify the cre	ditor and the property th	nat is collateral	What do you in secures a deb	ntend to do with the property to t?	hat Did you claim the property as exempt on Schedule C?
Creditor's Fo	ord Motor Credit		☐ Surrender th	e property.	□ No
name:			`	property and redeem it.	■ Yes
Description of	2014 Ford Fiesta 6	. ,		roperty and enter into a on Agreement.	<b>–</b> 163
property securing debt:	joint w/ mom, but t Debtor's car, debto		☐ Retain the p	roperty and [explain]:	
sceaming debt.	maintains	-			
	ur Unexpired Personal				
For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).					
Describe your un	nexpired personal prop	erty leases			Will the lease be assumed?
Lessor's name:					□ No
Description of lea Property:	sed				□ Yes
Lessor's name:					□ No
Description of lea	sed				_
Property:					☐ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Melissa A. Kirylko	Case number (if known)
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention abore property that is subject to an unexpired lease.	ut any property of my estate that secures a debt and any personal
X /s/ Melissa A. Kirylko	
Melissa A. Kirylko Signature of Debtor 1	Signature of Debtor 2
Date October 31, 2016	ate

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-35286 Doc 1 Filed 11/04/16 Entered 11/04/16 12:34:01 Desc Main Document Page 49 of 52

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In re	Melissa A. Kirylko		Case N	Io	
		Debtor(s)	Chapte	r <b>7</b>	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR	DEBTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 ompensation paid to me within one year before the filiple rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be p	aid to me, for services	
	For legal services, I have agreed to accept		\$	1,232.00	
	Prior to the filing of this statement I have received		\$	1,232.00	
	Balance Due		\$	0.00	
2. \$	335.00 of the filing fee has been paid.				
3. T	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. <b>I</b>	■ I have not agreed to share the above-disclosed com	pensation with any other persor	n unless they are m	embers and associates	of my law firm.
[	☐ I have agreed to share the above-disclosed compensory of the agreement, together with a list of the national statement.				law firm. A
6. I	in return for the above-disclosed fee, I have agreed to r	render legal service for all aspec	cts of the bankrupt	cy case, including:	
b c.	Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications of the secure of the s	tement of affairs and plan whic tors and confirmation hearing, a reduce to market value; ex ons as needed; preparation	h may be required and any adjourned cemption planni	; hearings thereof; ng; preparation and	d filing of
7. B	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.	ee does not include the followin ischargeability actions, jud	g service: licial lien avoida	inces, relief from st	ay actions or
		CERTIFICATION			
	certify that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	or payment to me f	or representation of the	debtor(s) in
Od	ctober 31, 2016	/s/ Thomas W. L	vnch		
Da		Thomas W. Lynd	h 6194247		<del></del>
		Signature of Attorn <b>Law Office of Th</b>		, P.C.	
		9231 S. Roberts	Road		
		Hickory Hills, IL (708) 598-5999		299	
		twlpc@att.net			
		Name of law firm			

### **United States Bankruptcy Court** Northern District of Illinois

In re	Melissa A. Kirylko		Case No.	
		Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR MA	TRIX	
		Number of Ci	reditors:	31
	The above-named Debtor(s) h (our) knowledge.	nereby verifies that the list of creditor	s is true and	correct to the best of my
Date:	October 31, 2016	/s/ Melissa A. Kirylko Melissa A. Kirylko Signature of Debtor		

Adventist He വിശ്യാട്ടിക്കുട്ട് Pat ശ്രെപ്പ് 5286 Doc 1 PO Box 7001 Bolingbrook, IL 60440-7001

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Adventist LaGrange Memorial Hospita Bankruptcy Department PO box 9234 Hinsdale, IL 60522-9234

Comenity PO Box 182125 Columbus, OH 43218-2125

Malcolm S. Gerald & Associates 332 S Michigan Ave Suite 600 Chicago, IL 60604

Blitt & Gaines 661 W Glenn Ave Wheeling, IL 60090

Comenity Bank/the Buckle Po Box 18215 Columbus, OH 43218

Maryann Kirylko 7240 W 84th St, Unit C Bridgeview, IL 60455

Berwyn, IL 60402

Capital One Po Box 30285 Salt Lake City, UT 84130

Convergent Outsourcing, Inc. 800 SW 39th St. PO Box 9004 Renton, WA 98057

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Capital One Na Attn: Bankruptcy Dept Po Box 30258 Salt Lake City, UT 84130 Ford Motor Credit National Bankruptcy Service Center Po Box 62180 Colorado Springs, CO 80962

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Cardworks/CW Nexus Pob 9201 Old Bethpage, NY 11804 Harris and Harris LTD 111 West Jackson Boulevard Suite 400 Chicago, IL 60604-4134

Northwestern Medicine Bankruptcy Dept 675 N Saint Clair St. 2nd Fl Chicago, IL 60611

Chase Card Services Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Chicago Health Medical Group ATTN #11730Y PO Box 14000 Belfast, ME 04915-4033

Jourdan and Giannini Dental 3745 Grand Blvd Brookfield, IL 60513

Suburban Radiologists, SC 1446 Momentum PI Chicago, IL 60689-5314

Chicago Health Medical Group PO Box 848444 Boston, MA 02284-8444

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201 Sunrise Credit Services Bankruptcy Department P.O. Box 9168 Farmingdale, NY 11735-8533

Citibank Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179

M3 Financial Services, Inc. PO Box 7230 Westchester, IL 60154

Synchrony Bank/PayPal Cr Po Box 965064 Orlando, FL 32896

 Verizon
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 Suite 500
 Weldon Spring, MO 63304